



COMMONWEALTH OF MASSACHUSETTS
DIVISION OF LABOR RELATIONS
REPRESENTATION PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

MCR-13-2777

04-24-13

The petitioner hereby requests that the Division proceed under the authority of M.G.L. c.150E, Section 4 or M.G.L. c.150A, Section 5(c).

1. Type of petition (Check One)

- ☒ Petition by or on behalf of Municipal Employees seeking certification or decertification of an Employee Organization (MCR).
- ☐ Petition by or on behalf of Employees of the Commonwealth seeking certification or decertification of an Employee Organization (SCR).
- ☐ Petition on behalf of a Municipal Employer seeking to resolve a claim of representation by one or more Employee Organizations (MCRE).
- ☐ Petition on behalf of the Commonwealth seeking to resolve a claim of representation by one or more Employee Organizations (SCRE).
- ☐ Petition by or on behalf of Private Employees seeking certification or decertification of an Labor Organization (CR).
- ☐ Petition on behalf of a Private Employer seeking to resolve a claim of representation by one or more Labor Organizations (CRE).

2. Name of Employer

3. Representative to contact

4. Telephone Number

Town of Carver

Richard J. LaFond

508-866-3401

5. Address (street and No., city/town, state, and ZIP code)

6. Fax Number

108 Main Street, Carver, MA 02330

508-866-4213

7. Unit involved (attached additional sheets if necessary)

8a. No. of employees in Unit

Included **Supervisory employees (see attached list)**

17

Excluded **See Attached list**

8b. Are any of the employees included in the unit currently represented?

Yes ☐ No ☒

*** If you checked "yes" in question 8b, answer questions 9-16 and skip question 17 ***

*** If you checked "no" in question 8b, skip questions 9-16 and answer question 17 ***

9. Name of incumbent Employee Organization

10. Telephone Number

11. Is the petition supported by at least 50% of the employees in the Unit?

12. Address (street and no., city/town, state, and ZIP code)

13. Fax Number

Yes ☐ No ☐

14. Date on which the incumbent Employee Organization was first Recognized or Certified

15. Expiration date of most recent collective bargaining agreement

16. If the incumbent Employee Organization was certified, Case No.

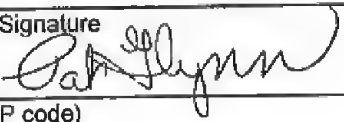
17. Is the petition supported by at least 30% of the employees in the Unit?

Yes ☒ No ☐

18. List any Employee Organization(s) (other than the Petitioner and the Employee Organization listed in question 9, if any) known to have an interest in representing the employees in the Unit		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
19. Name of Petitioner	20. Representative to contact	21. Telephone Number
AFSCME Council 93	Pat Glynn	617-367-6042
22. Address (street and no., city/town, state, and ZIP code)		23. Fax Number
8 Beacon Street, 4th Floor, Boston, MA 02108		617-367-6018
*** Questions 24 and 24a relate only to Petitions filed pursuant to M.G.L. c.150E ***		
24. If the Petitioner is an Employee organization, has the Petitioner complied with the filing requirements of M.G.L. c.150E, §§13 and 14?		24a. Last Date of Filing
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

DECLARATION

I have read the above petition and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print)	Signature	Title (if any)
Pat Glynn		Dir of Strategic Plannin
Address (street and no., city/town, state, and ZIP code)		Telephone Number
8 Beacon St., 4th Floor, Boston, MA 02108		617-367-6042

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Petition on the following representative(s) of the opposing party(ies).

Employer		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Richard J. LaFond	108 MAIN ST., CARVER, MA 02330	508-866-3401
Method of Service <input type="checkbox"/> In hand <input checked="" type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Incumbent Employee Organization (if any)		
Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number